



Indian Health Service Headquarters Division of Behavioral Health Newsletter February 2010

Message from the Director, Headquarters Division of Behavioral Health:

This is the first issue of the new IHS Headquarters Division of Behavioral Health (DBH) newsletter. During my first three months of service as the new Director for Behavioral Health, many have shared their renewed sense of hope in the IHS mission. Many have shared how important it is to focus on the strength and resiliency of American Indian and Alaska Native communities. I have worked in Indian Country for seventeen years and there are many in the trenches that demonstrate on a daily basis, their commitment and passion for the jobs that they do. Many of us have chosen the field of behavioral health because of our own life experiences and because we want to see a better life for future generations, our communities, and Tribal nations.

In December, I had the opportunity to attend two meetings in Albuquerque and Portland on Indian Health System Behavioral Health Leadership Development. There were students at these meetings and they shared how difficult it has been for them as they juggle family and pursuing their education. They shared the conflict that they feel at times between what they are taught in graduate school and their cultural values and beliefs. I remember those struggles and how difficult it can be particularly when you are away from "home." I reminded these students that they are from a strong and resilient people and that we are proud of them. I remember how important it was for me when others shared those positive affirmations. Please take the opportunity to do the same when those opportunities present themselves.

In January, I was able to visit three Tribal communities in the Albuquerque and Navajo Areas and am witness to the amazing things that Tribal and IHS programs are able to do with the limited resources that they receive. The Tribal leadership were present and engaged with their behavioral health programs. The Tribal leaders I met understand the issues well, and they are working hard to obtain the resources that they need to address suicide, alcohol and substance abuse, and domestic violence and sexual assault issues. We all recognize the need to dedicate additional resources to these issues and to coordinate our existing resources to improve the quality and access to care.

Dr. Roubideaux, the IHS Director, has expressed four priority areas that as an Agency and a Division, we are fully committed to working towards. The first is to renew and strengthen our partnership with Tribes. The second is, in the context of national health insurance reform, to bring reform to IHS. The third is to improve the quality of and access to care. The fourth priority is to make all our work accountable, transparent, fair, and inclusive. This newsletter is only one of many strategies that our Division will use to meet these priorities.

This first newsletter will introduce you to our Division staff and will highlight some of the Headquarters activities currently underway. I am grateful to our Division staff for their dedication and commitment to the IHS mission. I want to thank Shelly Carter for taking on the additional responsibility of producing this newsletter.

Each month we hope to highlight promising programs in the field and highlight a different IHS Area. I want to thank all of you for your continued commitment and support. Your dedication to Indian Country is appreciated and will continue to have an impact on future generations.

Rose Weahkee, Ph.D.



FEBRUARY IS NATIONAL TEEN DATING VIOLENCE AWARENESS MONTH

Teen Dating Violence Awareness Month (TDVAM) brings to focus the issue of teen dating violence and the need to educate our American Indian and Alaska Native youth about healthy relationships and raise awareness within the care providers such as health centers, schools, and families. TDVAM provides communities with an opportunity to work together to prevent the cycle of violence in abusive relationships.

Approximately one in three adolescent girls in the United States is a victim of physical, emotional, or verbal abuse from a dating partner. American Indian and Alaska Native young women are survivors of dating violence or will experience dating violence at some point in their lives. Limited or non-existent information is available on this health issue in adolescent American Indian and Alaska Native females. A 1992 Minnesota youth study found that 92% of American Indian girls who reported having sexual intercourse have been forced against their will to have sex. In addition, 62% of those girls reported to have been pregnant by the 12th grade. The problem is addressed after it occurs and not prevented before it happens.

Tribal and urban Indian health programs have been innovative and have integrated teen dating violence in their workshops from work stemming from the Indian Health Service (IHS) and Administration for Children and Families (ACF) Domestic Violence project. The United American Indian Involvement (Los Angeles, CA) is doing outstanding prevention work with teens in their youth-based programs. They hold annual winter camps for young men and women. These four day camps are held separately for 30 teens ranging in age from 14-18. The workshops include topics on teen dating violence, substance abuse, domestic violence, and suicide prevention. Upcoming camps are scheduled for February and March 2010. For more information, contact Al Garcia, MSW by email at agmidrunner1@aol.com or telephone (213) 202-3970. The website for United American Indian Involvement is www.uaii.org.

There are limited resources available for teen dating prevention among American Indian and Alaska Native females. The Native American Women's Health Education Resource Center has developed the Teen Dating Curriculum for girls. For more information, contact Charon Asetoyer at the Center at (605) 487-7072 or visit www.nativeshop.org.

Other emerging issues for teens are harassment through cellular phones and texting. More information on the awareness month can be found at the Teen Dating Violence Prevention Project at www.teendvmonth.org/. Other noteworthy teen based dating violence campaigns are Choose Respect www.chooserespect.org and Start Strong www.startstrongteens.org/. The Family Violence Prevention Fund has produced posters and awareness material on violence prevention for American Indian and Alaska Native adults and teens. Family Violence Prevention Fund resource materials can be found at www.endabuse.org.

Submitted by Michelle Begay, *Public Health Analyst*

<p>NATIONAL TEEN DATING ABUSE HELPLINE</p> <p>866-331-9474</p>
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DIVISION OF BEHAVIORAL HEALTH INITIATIVES

Suicide Prevention Initiative

Suicide is a complicated public health challenge with a myriad of contributors in AI/AN communities. To address youth suicide in Indian Country appropriately requires public health and community interventions as much as direct, clinical ones. The IHS National Suicide Prevention Initiative (SPI) has provided a critical framework for addressing the tragedy of suicide in AI/AN communities. The SPI builds on the foundation of the Department of Health and Human Services' "National Strategy for Suicide Prevention" and the 11 goals and 68 objectives for the Nation to reduce suicidal behavior and its consequences, while ensuring we honor and respect AI/AN traditions and practices.

IHS has five targeted approaches for suicide prevention and intervention:

- Assist IHS, Tribal and urban Indian programs and communities in addressing suicide utilizing community level cultural approaches.
- Identify and share information on best and promising practices.
- Improve access to behavioral health services.
- Strengthen and enhance IHS' epidemiological capabilities.
- Promote collaboration between Tribal and urban Indian communities with Federal, State, national, and local community agencies.

To help guide the overall Indian health system effort, the National Suicide Prevention Committee (SPC), was established. It is the responsibility of the SPC to provide recommendations and guidance to the IHS regarding suicide prevention and intervention in Indian Country. Members of the SPC are interdisciplinary and repre-

sent a broad geographic distribution. This past year, the SPC drafted an Indian Health System National Suicide Prevention Strategic Plan which is currently under review.

The IHS also maintains the IHS Community Suicide Prevention Web site which provides culturally appropriate information about best and promising suicide prevention and early intervention programs and training opportunities. Further information and resources can be found at the following address: <http://www.ihs.gov/NonMedicalPrograms/nspn/>

For any questions on the Suicide Prevention Initiative, please contact Rose L. Weahkee, Ph.D. at rose.weahkee@ihs.gov

Methamphetamine and Suicide Prevention Initiative

The Indian Health Service Methamphetamine and Suicide Prevention Initiative is a nationally-coordinated demonstration program, focusing on providing much-needed, targeted methamphetamine and suicide prevention and intervention resources for Indian Country. This initiative promotes the development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches from a community-driven context.

The Indian Health Service has awarded funding to 129 Federal, Tribal, and Urban programs that demonstrated innovative and promising practices in confronting the methamphetamine and suicide crises in Indian Country today. The goal of the initiative is to promote the development of successful evidence-based and practice-based models of prevention, treatment and aftercare for American Indian and Alaska Native communities.

For any questions related to MSPI, please contact Bryan Wooden at bryan.wooden@ihs.gov



DIVISION OF BEHAVIORAL HEALTH INITIATIVES

Domestic Violence Prevention Initiative

Congress appropriated \$7.5 Million to the Indian Health Service in the Omnibus Appropriations Act of 2009 to implement a nationally-coordinated Domestic Violence Prevention Initiative (DVPI). The purpose of the initiative is to support a national effort by IHS to address domestic violence and sexual assault (DV/SA) within American Indian and Alaska Native communities. American Indians and Alaska Natives experience some of the highest rates of domestic violence and sexual assault of any population in the United States. The funds appropriated by Congress allow IHS to directly target DV/SA through pilot programs and from that to develop larger scale interventions for Indian Country.

For more information about the Domestic Violence Prevention Initiative, please contact Michelle Begay at michelle.begay2@ihs.gov

The HIV/AIDS Regional Training Project

This is a collaborative effort between the Indian Health Service HIV/AIDS Program and the Division of Behavioral Health (DBH). The project was structured as such to provide training on behavioral health techniques to health professionals and paraprofessionals who provide behavioral health and HIV/AIDS related services to American Indians and Alaska Natives. Last year a new component was introduced, the Traditional Gathering which brought traditional and western providers together in order to get a greater understanding of traditional practices and cultures in the prevention and treatment of HIV/AIDS and to examine how western and traditional interventions can complement each other in a collaborative, synergistic environment. This is the last year of the project. An online toolkit is being created which will be on the HIV/AIDS Program website at www.ihs.gov. This toolkit will provide online interactive behavioral health and clinical training modules, cultural fluency and general HIV/AIDS information for

the general public, healthcare providers, and those living with or at risk for HIV/AIDS.

For more information about the HIV/AIDS Regional Training Project, please contact Amina Bashir at amina.bashir@ihs.gov

National Indian Health Service Behavioral Health Conference Report

The 2009 conference was held in St. Paul, Minnesota for the first time, August 3 - 7, 2009. The 2009 conference brought together American Indian and Alaska Native behavioral health providers, urban Indian providers, Tribal leaders, members of national Indian organizations, and Federal, State, and local behavioral health officials. Over 450 participants, speakers, and exhibitors attended the conference. The conference theme, "Honoring Our Traditions, While Embracing Change," emphasized the spirit of positive change while recognizing the importance of traditions in native culture and native healing. The learning labs and workshops were presented in accordance with five separate learning tracks: Alcohol and Substance Abuse Prevention, Mental Health, Child and Family Protection, Behavioral Health Integration, and a General Interest Category. The awards ceremony held during the conference was an opportunity to recognize and highlight the accomplishments of those in the IHS Behavioral Healthcare System who are making notable contributions to advancing the behavioral health status of American Indian and Alaska Native people.

The 2010 conference will be held in Sacramento, California, July 27-29, 2010. A planning committee has begun to collaborate and plan for this upcoming national event.

For questions about the Behavioral Health Conference, please contact Deborah Black at deborah.black@ihs.gov

MEET THE DIVISION OF BEHAVIORAL HEALTH STAFF



Back row: Michelle Begay, Michele Muir, Amina Bashir, Debbie Black, Shelly Carter. Front row: Rose Weahkee and Bryan Wooden

We would like to introduce you to the staff of the Division of Behavioral Health. Our staff come from various backgrounds and disciplines such as psychology, social work, law enforcement and medicine. We have a broad range of knowledge as our members have served in Headquarters, Area, Service Unit, Tribal, and Urban programs.

Rose L. Weahkee, Ph.D. **Licensed Psychologist** **Director**

I am a member of the Navajo Nation, of the Tangle Clan born for the Mexican People. My family is from Crownpoint, New Mexico. I have three children, Tamia (10 years old), Nico (8 years old), and Sofi (5 years old). I received my Bachelor of Arts degree in Psychology with a minor in Alcohol and Drug Studies from Loyola Marymount University in Los Angeles and my Ph.D. in Clinical Psychology with an emphasis in multicultural community clinical issues from the California School of

Professional Psychology. I am currently the Director for the IHS Headquarters Division of Behavioral Health (DBH) in the Office of Clinical and Preventive Services. Prior to my current position, I served as the Acting Deputy Director and Public Health Advisor for the DBH and the Behavioral Health Consultant for the California Area IHS. I also served as the Administrative Clinical Director for United American Indian Involvement, Inc.

Bryan E. Wooden, LICSW, LCSW-C, DCSW
Deputy Director

I began my career with the Indian Health Service as the Deputy Director, Division of Behavioral Health in October of 2006. I am also a retired Captain in the United States Air Force. I graduated from the University of Michigan's School of Social Work, specializing in clinical practice and community development. During my 20-year social work career, I have been the Program Manager for the Community Health Awareness Group, the largest African American HIV/AIDS community-based organization in Detroit, MI and was instrumental in establishing their first case management program. I have also served as a contractor with the United States Army as the project director assisting in the implementation of their Domestic Violence/Sexual Assault Prevention and Response Program. Through my not-for-profit community organization, Metro Community Services, I have delivered HIV/AIDS preven-



tive services to such organizations as Episcopal Caring Response to AIDS and Damien Ministries. I am a licensed clinical social worker in good-standing for the states of Alabama, Georgia, Maryland, Michigan, and in the District of Columbia. I have achieved the accreditation of Diplomat in Clinical Social Work, the highest accreditation for clinical social workers.

CAPT Jon T. Perez, Ph.D.
National Behavioral Health Consultant



I have been a member of the Division of Behavioral Health for over 7 years and remain active across a wide range of programs and initiatives. I began my career as a USPHS officer with IHS in 1992, and have remained with the Agency since that time. My first assignment was under an Intergovernmental Agreement, to the White Mountain Apache Tribe in central eastern Ari-

zona. I directed the Tribe's Behavioral Health Services from 1992 through 1999, where I developed community mobilization models for suicide prevention which continue to be used throughout Indian Country. I then accepted a position in December of 1999 with the IHS at the Phoenix Indian Medical Center, where I became the Chief of Behavioral Health Services in early 2000. From October 2002 until May 2006, I was the Director of the Division of Behavioral Health at Headquarters in Rockville, Maryland. Due to my wife's battle with cancer, I had to leave the position to care for my family. My wife is now 4 years cancer-free, and I am now the National Behavioral Health Consultant for the Division, splitting time between direct clinical work at PIMC in Phoenix, AZ, and ongoing national duties. I am also the Team Leader for the US Public Health Service's Mental Health Disaster Response Team II, which provides emergency behavioral health services during times of national and international crisis.

Peter Stuart, M.D.
National Psychiatry Consultant

Dr. Stuart graduated with honors from the University of Illinois College of Medicine – Rockford in 1989. He completed a residency in General Psychiatry at the University of Washington in 1993 that included 6 months delivering services to rural communities in west-central Alaska near Bethel. He then joined the Navajo Area IHS and directed the Chinle Service Unit Counseling Services Department from 1993 through 2006. From 2006 through spring of 2007 he served as the Acting Chief Medical Officer for Navajo Area. In 2007 he became the National Chief Psychiatry Program Consultant. During his IHS service he has been involved in the design and implementation of both BH-specific and more general electronic health records, has worked to promote the integration of behavioral health and primary care, helped establish the national IHS Suicide Prevention Committee and implement the

RPMS-based suicide event registry, supported broader adoption of telehealth-based service delivery, coordinated national BH-specific measure development, initiated BH leadership development support and helped coordinate the development of a national chronic pain and opioid use policy, among other activities. He continues to deliver clinical services to Kayenta and Chinle Service Units via telepsychiatry.



*****SAVE THE DATE*****

IHS National Behavioral Health Conference
July 27-29, 2010
Sacramento, CA

Michele Muir-Howard
Secretary



Hello, I am the secretary for the Division of Behavioral Health (DBH). I started working for IHS in 1996 and have been working in DBH since 2001. I am an enrolled member of the Cherokee Nation of Oklahoma. I am currently attending Montgomery College part-time and plan to transfer to the University of Maryland. My major is Psychology and I plan to work in the AI/AN community when I graduate. I have three children, Xavier (11), Jordan (7) and Gabriel (3). I love sports and I participate on a number of leagues. I am currently coaching basketball for pre-k/kindergarten children. I enjoy working in the behavioral health field and I learn something new everyday working here.



Lt. JG Amina Bashir
Public Health Advisor

I would like to take this opportunity to introduce myself to all of you. I was born in Pakistan and raised in Chicago, IL. Though I grew up in the states, I went back to Pakistan for medical school. After completion I worked in the hospital setting, medical research, and various refugee situations. In 2004, I started work on my MPH from the Rollins School of Public Health at Emory University in Atlanta, GA. I started working in DBH full time in 2008. Before coming to IHS I did some work at ATSDR/CDC with the Exposure Investigation Teams. I am currently studying for my medical boards so that I can get back into direct patient care (Psychiatry).

Deborah Black
Public Health Advisor

Hello, I am a Public Health Advisor in the Division of Behavioral Health. I am an enrolled member of the Sisseton Wahpeton Oyate Tribe of South Dakota and am also Seneca of the Seneca Nation of New York. I am a 2009 graduate of the Emerging Leaders Program. While in the Emerging Leaders Program, I held positions in a variety of offices within IHS Headquarters including: DBH; the Division of Maternal and Child Health; and the Office of Tribal Self-Governance. In addition to those positions, I also served a six-month clinical rotation at the National Institutes of Health Clinical Research Center. I graduated with a Master of Science in Clinical Counseling from Johns Hopkins University, and I have a Bachelor of Arts in Psychology from the University of Maryland College Park. I am currently working toward completing licensure requirements as a Licensed Clinical Professional Counselor. I deeply believe in the mission of the IHS and look forward to a career that incorporates experiences from clinical practice, policy, and program development to better serve American Indian and Alaska Native people.

Michelle Begay
Public Health Analyst

Hello, my name is Michelle Begay and I am a member of the Navajo Nation. I joined the DBH in December 2009 to work with the Domestic Violence Prevention Initiative. I received my Bachelor of Arts in Political Science from the University of Arizona. In 2006, I received my Master of Science in Management from Northern Arizona University, College of Business Administration. I am a 2009 graduate of the Emerging Leaders Program. Prior to entering the program in 2007, I served 12 years with the Tohono O'odham Nation Law Enforcement. I have both state and federal law enforcement certifications. I helped develop the law enforcement response to domestic violence on the Tohono O'odham Nation Reservation. In 2008, I was accepted as a scholar with the Center for American Indian Health at the Johns Hopkins Bloomberg School of Public Health. My research project, "Improving Domestic Violence Law Enforcement Response on the Tohono O'odham Nation" was published in the October 2007 issue of the Indian Health Service Primary Care Provider.

Shelly Carter
Staff Assistant

Hello, I am the staff assistant for DBH. I am an enrolled member of the Comanche Nation of Oklahoma. I have two children, Buster (6) and Sonny (5 months) and a step-daughter Peaches (17) who are enrolled in the Oneida Indian Tribe of Wisconsin. I graduated from the University of Oklahoma with a Bachelor of Arts in Political Science and a Minor in Psychology. I started working in DBH in December of 2001. My main duty is dealing with all matters related to the budget. Prior to working for the IHS, I worked for the Bureau of Indian Affairs in the Office of Public Affairs and the Office of Tribal Services. I also worked at the Department of Agriculture, Federal Grain Inspection Service. While in college, I worked my summer and winter breaks for the Department of the Army, Operational Testing and Evaluation Command.

SAVE THE DATE

SWANCIRCLE Presents: Suicide Prevention: The Spiritual Connection

March 15-17, 2010

St. Aloysius Parish

330 E. Boone Ave (and Astor)

Spokane, Washington

For information on this conference:

Cathreimer@aol.com or (509) 935-0928

Fourth Annual Suicide Prevention Conference & Tribal Training

March 15—17, 2010

Center for Lifelong Education Conference Center, Institute of American Indian Arts

Santa Fe, New Mexico

For information contact:

Hayes A. Lewis, Director, at (505) 424-5701 or hlewis@iaia.edu or Karen Fragua, Office Manager, at (505) 424-2387 or kfragua@iaia.edu

2010 National Combined Councils Meeting: "Partnerships for Reform: Innovation, Integration, Best Practices"

March 21-26, 2010

Phoenix, Arizona

Registration for the 2010 National Combined Councils' Meeting is **now available** online at:

http://www.csc.ihs.gov/index.cfm?module=dsp_event_ncc

International Network of Indigenous Health Knowledge and Development: Biennial Conference

May 24-28, 2010

Poulsbo, Washington

For further information contact Polly Olsen at polly@u.washington.edu or (206) 616-8731,

Indigenous Wellness Research Institute - www.IWRI.org

NIHB 2nd Annual Public Health Summit 2010: A New Decade of Indigenous Public Health

May 18-20, 2010

Albuquerque, New Mexico

Call for proposals deadline: Monday, March 15, 2010. To download this 2010 PH Summit Call for Proposals Announcement, please [click here](#).

To download the 2010 PH Summit Call for Proposals Form, please [click here](#). For more information or questions, or how to submit workshop proposals please visit www.nihb.org.

8th Annual IHS National Behavioral Health Conference: A Shared Vision—Past, Present and Future

July 27-29, 2010

**Pre-conference meetings on July 26, 2010
Sacramento, California**

For more information, please contact deborah.black@ihs.gov

Healing Our Spirit Worldwide The 6th Gathering

September 3-10, 2010

Honolulu, Hawaii

Register online by April 30, 2010:

www.hosw.com

PHOTOS OF PAST AWARDS/MEETINGS/GATHERINGS



2008-2009 Director's Awards: Rose Weahkee with Susan Casias, Co-Chair of the IHS Suicide Prevention Committee for their national leadership and contributions to suicide prevention efforts in Indian Country



2008-2009 Director's Awards: Jackie Mercer, Co-Chair, National Behavioral Health Workgroup for their contributions in developing the "IHS 5-Year Behavioral Health Strategic Plan"



2008-2009 Director's Awards: Rose Weahkee with CDR Dorlynn Simmons, Albuquerque Area Indian Health Service, Mescalero Service Unit for exceptional performance as a leader in continuous improvement, preventive health, collaboration, and communication with the Mescalero Apache Tribe



National Children's Mental Health Awareness Day event, May 7, 2009, Washington, DC.



ANNOUNCEMENTS

FOR ANY VACANCY ANNOUNCEMENTS WITHIN THE INDIAN HEALTH SERVICE PLEASE VISIT:

WWW.IHS.GOV/JOBS CAREER DEVELOP/CAREER CENTER/VACANCY/

PLEASE VISIT THE DIVISION OF BEHAVIORAL HEALTH WEBSITE ON THE INDIAN HEALTH SERVICE WEBPAGE:

WWW.IHS.GOV/MEDICAL PROGRAMS/BEHAVIORAL/

FOR BEHAVIORAL HEALTH RELATED LINKS PLEASE VISIT:

WWW.IHS.GOV/MEDICAL PROGRAMS/BEHAVIORAL/INDEX.CFM?ODULE=BH&OPTION=LINKS

ONDCP NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

WWW.MEDIACAMPAIGN.ORG

NATIONAL INDIAN COUNTRY METHAMPHETAMINE INITIATIVE

WWW.NCAI.ORG/METH/

INDIAN HEALTH SERVICE SCHOLARSHIP DEADLINE FOR NEW APPLICANTS: MARCH 28, 2010

AMERICAN INDIAN AND ALASKA NATIVE STUDENTS ARE INVITED TO APPLY FOR PRE-GRADUATE SCHOLARSHIPS FROM THE INDIAN HEALTH SERVICE. APPLICANTS MUST BE U.S. CITIZENS WHO CAN DOCUMENT THAT THEY MEET TRIBAL MEMBERSHIP REQUIREMENTS AND ARE ENROLLED IN COURSES LEADING TO A BACHELOR'S DEGREE IN SPECIFIC PRE-PROFESSIONAL AREAS AS NEEDED BY INDIAN HEALTH PROGRAMS. APPLICATIONS ARE DUE MARCH 28, 2010. COMPLETE DETAILS, INCLUDING AN ONLINE APPLICATION, CAN BE FOUND AT: WWW.SCHOLARSHIP.IHS.GOV/

Job Announcement

The IHS Headquarters Division of Clinical and Community Services is seeking qualified candidates for the Program Analyst, HIV Program Specialist position. Vacancy Announcement IHS-10-054, Program Analyst, HIV Program Specialist, GS-0343-12, has been posted to the IHS website. The salary range is \$74,872 - \$97,333. The duty station is in Rockville, Maryland. This announcement closes March, 16, 2010.

Please visit the website link below for more information.

<http://www.ihs.gov/jobscareerdevelop/careercenter/vacancy/>

If you have questions, please contact Mary Drapeaux, Human Resources Specialist at (301) 443-6520 or by e-mail at Mary.Drapeaux@ihs.gov.

IF YOU WOULD LIKE TO SUBMIT ANYTHING TO THE MONTHLY
NEWSLETTER, PLEASE CONTACT SHELLY CARTER AT
SHELLY.CARTER@IHS.GOV



Veterans Suicide Prevention Hotline 1-800-273-TALK, Veterans Press 1

The Department of Veterans Affairs' (VA) [Veterans Health Administration](http://www.va.gov/health) (<http://www.va.gov/health>) has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline. Veterans can call the Lifeline number, 1-800-273-TALK (8255), and press "1" to be routed to the Veterans Suicide Prevention Hotline.

<http://www.suicidepreventionlifeline.org>



<http://www.hhs.gov/haiti>



<http://www.indiancountrycounts.org>

Contact Information:

Division of Behavioral Health
801 Thompson Ave.
Suite 300
Rockville, MD 20852
Phone: (301) 443-2038
Fax: (301) 443-7623



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WARRIOR SPIRIT

2010 Indigenous Psychology Conference

April 23 & 24, 2010

Nativo Lodge, Albuquerque, New Mexico

"Sacred Healing Rhythms of the Drum"

-A Tribute to Quanah Parker-

The purpose of the Warrior Spirit Conference is to bring together American Indian mental health and traditional practitioners together to share intervention strategies working in American Indian communities that promote mental, physical, spiritual and psychological wellness. The Warrior Spirit Conference is about helping and healing Indian Nations.

TOPICS

- **Family Interventions, Cultural Identity**
- **American Indian Adolescents**
- **Indigenous Psychology**
- **Practice of Good Medicine**

NATIVE WHOLISTIC SPECIALISTS, INC.

Practice of Good Medicine
The Red Helping Hand

CONFERENCE LOCATION

NATIVO LODGE

6000 Pan American Freeway, NE—Albuquerque, NM 87109

TEL. 505-798-4305 or 888-628-4861

Website: <http://www.hhandr.com/nativo.php>

REGISTRATION FEE \$250

(PO's, checks & cash accepted)

CONFERENCE INFORMATION

Native Wholistic Specialists, Inc.

P.O. Box 3297

Window Rock, Arizona 86515

TEL. 928-871-5726

FAX. 928-871-4598

E-MAIL: goodmedicine12@yahoo.com





TRAINING INSTITUTES

New Horizons for Systems of Care
Effective Practice and Performance for Children and Youth
with Mental Health Challenges and Their Families

JULY 14-18, 2010

Gaylord National Resort & Convention Center
Washington, DC

ORGANIZED BY

National Technical Assistance Center for Children's Mental Health
Georgetown University Center for Child and Human Development

IN PARTNERSHIP WITH

Child, Adolescent and Family Branch, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

and The Annie E. Casey Foundation